

# FOOD-BORNE ILLNESS COMPLAINTS FORM (Page 1 of 3)

Collect as much information as possible from the customer and advise that they seek medical help if they haven't already done so.

This data was collected by ..... (name) on ..... (date) at ..... (time)

<b>1. CONTACT DETAILS</b>	<b>Name</b>	
	<b>Address</b>	
	<b>Telephone Number</b>	
<b>2. FOOD CONSUMED</b>	<b>What was eaten?</b>	
	<b>When was it eaten? (Date &amp; Time)</b>	
<b>3. SYMPTOMS</b>	<b>What symptoms are being experienced?</b>	
	<b>When did the symptoms start?</b>	

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<b>4. PERSONS AFFECTED</b>	Which other members of the group ate the same food?	
	Are other members experiencing food-borne illness?	
<b>5. MEDICAL &amp; AUTHORITIES</b>	Has a doctor been consulted?	
	If yes, what was the diagnosis?	
	Have the health authorities been contacted?	

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<p><b>6. OTHER</b></p>	<p>Is there any other important information that needs to be recorded?</p>	
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